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| COMPLETE IF KNOWN      |                               |                |  |
|------------------------|-------------------------------|----------------|--|
| Application Number     |                               | 10/802,130     |  |
| Filing Date            |                               | March 16, 2004 |  |
| First Named Inventor   |                               | Raja Bala      |  |
| Attorney Docket Number |                               | A3174-US-NP    |  |
| Title                  | COLOR TO GRAYSCALE CONVERSION |                |  |
| (Required)             | METHOD AND APPARATUS          |                |  |

The undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h).

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This form must be signed by an authorized party in accordance with 37 CFR 1.14(c).

| <u> Yoseph M. Young, Reg. #45248/</u> | November 16, 2007                  |
|---------------------------------------|------------------------------------|
| Signature                             | Date                               |
| Joseph M. Young                       | 503-685-4229                       |
| Printed or Typed Name                 | Telephone Number                   |
| PATENT COUNSEL                        | 45,248                             |
| Title                                 | Registration Number, if applicable |

This collection of information is required by 37 (CFR 1.14(h)). The information is required to obtain or retain a benefit by the public which is to file (and by the USFPO to process an application). Confidentiality is governed by \$5 U.S. C.12 and 37 CFR.1.11 and 1.14. This collection is estimated to take invitable to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this refund, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, (Assandia, VA.22313-1450). DN DTS COMMISSIONED FIRS OF COMPLETED FORMS TO THIS ADDRESS. SEND TICS OR FORMS TO THE ADDRESS. SEND TICS OR FORMS TO THE ADDRESS. SEND TICS OR THE ADDRESS. SEND TICS OR FORMS TO THE ADDRESS. SEND TICS OR THE ADDRESS. SEND TICS OR THE ADDRESS SEND TICS OR THE ADDRESS. SEND TICS OR THE ADDRESS SEND TICS OR THE ADDRESS. SEND TICS OR THE ADDRESS SEND TICS OR THE ADDRESS. SEND TICS OR THE ADDRESS SEND TICS OR THE ADDRESS SEND TICS OR THE ADDRESS. SEND TICS OR THE ADDRESS SEND TICS OR THE A